

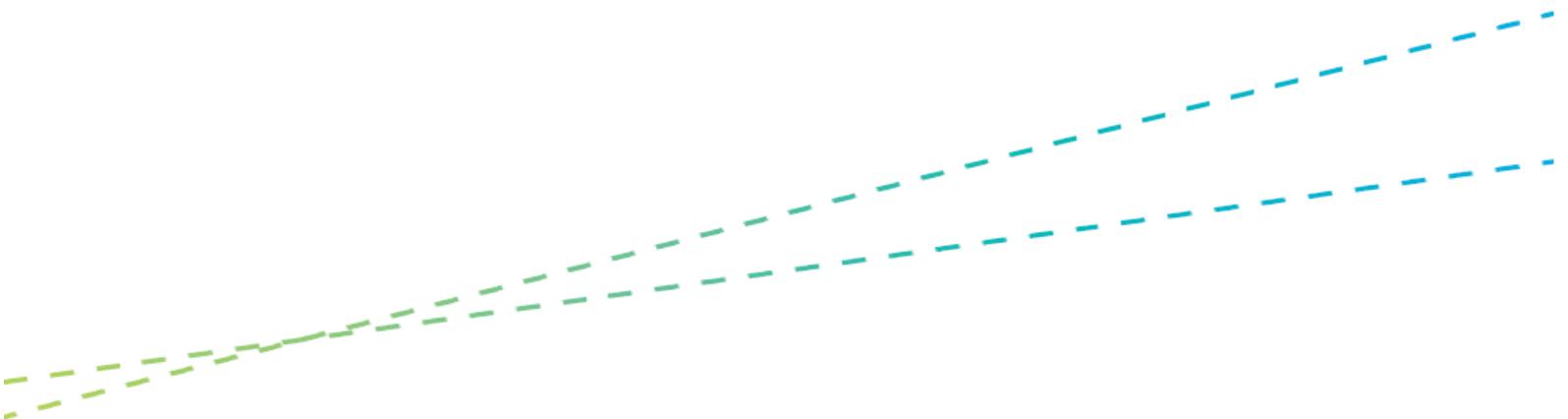


An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	053
<b>Year:</b>	2016
<b>Lead inspector:</b>	Orla Griffin

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2016</b>
<b>Name of Organisation:</b>	<b>Rainbow Community Services</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>22<sup>nd</sup>, 23<sup>rd</sup> &amp; 24<sup>th</sup> of March 2016</b>
<b>Registration Decision:</b>	<b>Registered without attached conditions from March 31<sup>st</sup> 2016 to March 31<sup>st</sup> 2019</b>
<b>Inspection Team:</b>	<b>Orla Griffin Eileen Woods</b>
<b>Date Report Issued:</b>	<b>9<sup>th</sup> of September 2016</b>

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## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed.

The centre management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

## 1.1 Methodology

An application was duly made by the proprietors of this centre for continued registration on March 8<sup>th</sup> 20016. This full inspection took place on 22<sup>nd</sup>, 23<sup>rd</sup>, 24<sup>th</sup> March over a three day period and this report is based on a range of inspection techniques including:

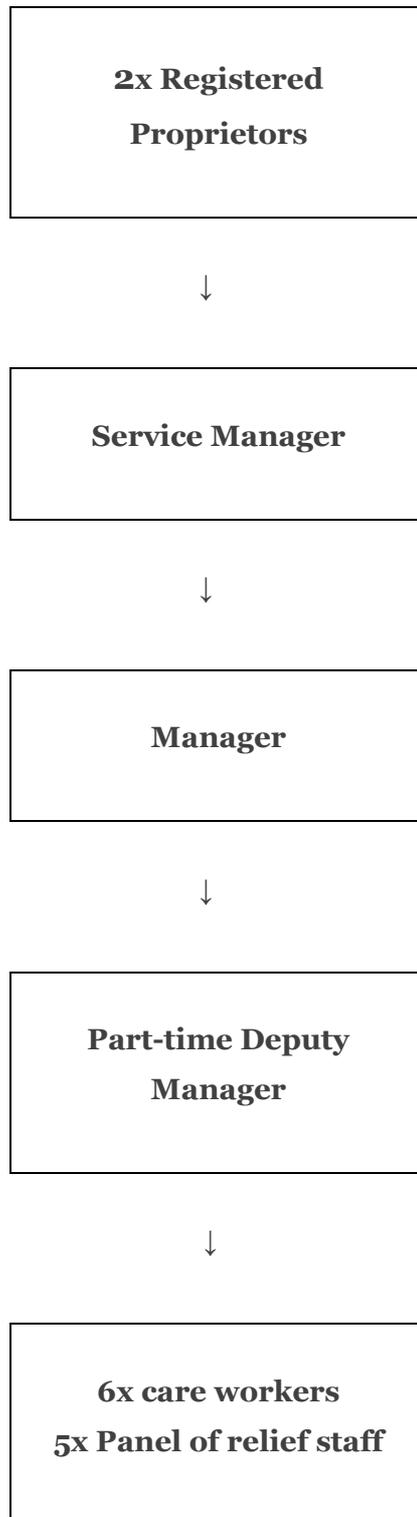
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) Seven of the care staff and deputy manager
  - b) Three of the social workers with responsibility for young people residing in the centre
  - c) A young person's parent/guardian
  - d) Other professionals e.g. General Practitioner's and therapists.
- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre management
  - b) Four staff
  - c) Two young people
  - d) The monitoring officer

- ◆ Observations of care practice routines and the staff/ young person's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health and Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on this date 14<sup>th</sup> July 2016 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres. As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. The period of registration being from March 31<sup>st</sup> 2016 to March 31<sup>st</sup> 2019.

## 3. Analysis of Findings

### 3.1 Purpose and Function

#### *Standard*

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

#### **3.1.1 Practices that met the required standard in full**

The centre has a written statement of purpose and function stating that the service provides semi-independent placement for up to four young people, of either gender, aged 16 to 19 years on a short to medium term basis. Each young person in placement has an individual apartment that is equipped for daily living. The emphasis of the service is to provide opportunities for young people to develop necessary skills to manage independent living and life challenges. The manager has responsibility for review of the purpose and function and the centres policies and procedures document and this is overseen by the deputy manager and reviewed in February 2016. The inspectors have identified areas for action in the policies and procedures document and these are stated further in this report.

The purpose and function outlines a model of care that incorporates relationship based care, attachment theory and resilience theory with the involvement of families and significant others in assisting the young person towards a positive future of interdependence and emotional stability. The approach to care is individualised and values the provision of a nurturing environment. The inspectors were satisfied that the staff interviewed reflected a good working knowledge of the centres model of care. The inspectors recommend that the reflection of the model of care in centre paperwork is strengthened and that this is overseen by the manager. The inspectors were satisfied that the day to day operation of the centre reflects the statement of purpose and function. There is a written information booklet about the purpose and function of the centre available to young people, parents and social workers.

#### **3.1.2 Practices that met the required standard in some respect only**

None identified.

#### **3.1.3 Practices that did not meet the required standard**

None identified.

## **3.2 Management and Staffing**

### ***Standard***

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

#### **3.2.1 Practices that met the required standard in full**

##### **Register**

The inspectors are satisfied that the centre register, as maintained by the manager, is compliance with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21. The destination to where the young person is discharged is stated in the register. There is a system in place where duplicated records are kept centrally by the Child and Family Agency.

##### **Notification of Significant Events**

The examination of a sample of significant event reports by inspectors demonstrated prompt notification to relevant professionals had been in place and in line with regulations. This finding was confirmed in interview with the social worker's for young people and the monitoring officer. The social worker's and monitor had been satisfied that a good standard of recording was present in the significant event notification reports. There is a register of significant events that is overseen by the manager and services manager. The significant event register demonstrated a range of behaviours including challenging behaviour, peer bullying, episodes of missing from care and substances misuse. The theme in bullying behaviour and the capacity of the staff team to manage this behaviour in a semi independent living setting is discussed further in this report. Discharges from the centre are notified as significant event.

#### **3.2.2 Practices that met the required standard in some respect only**

##### **Management**

In January 2016 the registration and inspection service was duly notified by the services manager of a change of manager for this centre. The services manager appointed the deputy manager to an acting manager position. The acting manager, herein referred to as the manager, has experience in this centre as a social care worker and social care team leader. The manager is on site five days per week during

normal working hours. The manager has mechanisms for monitoring the work of the centre including regular contact with the staff and young people onsite, review of the young people's care records and administrative files, chairing weekly team meetings, attending care plan meetings and supervision of part of the staff team. The inspectors observed supportive interaction between the manager and young people during the onsite inspection.

While the manager regularly signed off on records generated by the staff team, there was evidence that more robust oversight is required in the management of complaints, management of behaviour in the centre and the quality of centre records. For example, complaints had been recorded incorrectly as informal complaints and had not been processed in line with centre policy. There was also evidence that a review of the effectiveness of behaviour management strategies had not taken place to inform staff practice. Given the stated information the inspectors have detailed a number of actions in this report to be implemented by the manager for effective oversight of centre practice.

The manager's role is supported by the part time and permanent deputy manager who had been selected for progression from a team leader position in tandem with the appointment of the acting manager. The deputy manager had a defined role including provision of leadership to the staff team, completion of the staff roster and supervision of some of the staff team. The manager supported induction to this role through regular supervision and support. The deputy manager reports to the manager and is supervised by the services manager.

The services manager has responsibility as the external manager for the centre and has specific roles in overseeing the centres policy and procedures document, recruitment, child protection matters, complaint appeals, admissions and discharges. Inspectors examined a sample of monthly management meeting meetings chaired by the services manager and consideration of the progress of young people, the practice of the staff team, referrals and discharges had been reflected in the records. The services manager carefully considered and made determinations in respect of suitability of referrals.

At the time of inspection, the services manager supervised part of the staff team and stated a regular onsite presence to facilitate the manager and deputy manager's induction. The inspectors recommend that the services manager maintains a record of communication to further evidence this practice.

The services manager had knowledge of significant events, complaints and child protection concerns for the young people in placement. However, the inspectors identified that more robust mechanisms to oversee care and operational practices in the centre are required. For example, in July 2015, the final monitoring report stated that a log of informal complaints was required to enable monitoring of incidences and outcomes by management. At the time of inspection, a log of informal complaints had not been implemented. Furthermore a management oversight mechanism was not in place to identify themes in matters concerning young people that would inform service development. Similarly, a system for the regular review of significant events to analyse patterns of behaviour and evaluate effectiveness of interventions was not in place.

Given the stated information, the services manager and manager must implement more robust systems to oversee that appropriate and suitable care practices and operational policies are in place and that these systems inform service development and improvement.

## **Staffing**

The centre has a full time acting manager, a part time deputy manager and 5.5 social care staff posts, full time waking night post and access to a stable relief social care worker panel. The deputy manager ensures a staff member at social care leader level is scheduled for each shift. The staff team has a balance of experienced and newly qualified staff. Some staff members have defined roles with young people as key workers and mentors and members of the staff team have specific roles in health and safety.

The manager, deputy manager and one staff member have a degree in social care. Three staff members have relevant qualifications at diploma level and two staff members do not have qualifications. Staff members without qualifications have been encouraged to return to education and this was reflected in supervision records. The manager stated that there is a planned recruitment for new relief staff and that services manager stated that applicants with qualifications will be prioritised. There was evidence to support that the manager implements a structured induction process for all new staff members and was viewed positively by the staff team. In the last two years, a manager and three relief social care staff have left their post for amicable reasons including career progression.

The services manager has responsibility for recruitment and for the most part vetting was in compliance with the 'Department of Health Recruitment and Selection Circular, 1994'. A member of staff had two rather than three references on file and the services manager stated that a third reference would be requested without delay. The services manager must ensure that all vetting is completed for staff prior to the commencement of their employment.

### **Supervision and support**

Within the centres policy and procedures document there is brief reference to the provision of supervision to the staff team. The inspectors require management to develop a written policy on supervision that structures and guides the practice of supervision at the centre. Each staff member had a supervision contract on file that outlined the frequency of supervision as every four to six weeks and the review of the supervision files reflected this was in place.

The responsibility for supervision is generally shared between the manager and deputy manager. At the time of inspection the services manager facilitated the induction of the manager and deputy manager by supervising part of the staff team as a temporary measure. The sample of supervision records examined showed that case management, team dynamics and professional development are routinely discussed.

However, supervision records had not consistently reflected decisions and actions in respect of the young person's placement plan. The manager must ensure that an effective link between supervision and the implementation of the individual placement plans is evident through the supervision records and that there is evidence of advancing the plan.

Supervision records reflected evidence of interpersonal conflict within the staff team raised in supervision. The actions and response of the manager and the response of the supervisee had not been adequately recorded. The manager must ensure that records of grievances include management response and outcome for the staff member. The service does not have a formal staff appraisal system in place to facilitate the ongoing assessment of staff practice, development and training needs. The inspectors recommend that a staff appraisal system is implemented. The inspectors recommend that human resources training will be provided to management and during the course of inspection the services manager stated that this would take place.

The service has an external support service for staff who experience stress or injury in their line of work and the services manager stated that this service was being expanded to meet the needs of the staff team. The team have access to an on call manager as required. There was evidence that debriefing took place following significant events.

The team are supported in their practice through supervision, attendance at team meetings and daily handover meetings that provide forums for good and effective communication among the staff team. In the course of interviews, the manager, deputy manager and staff members reflected feeling supported in their respective roles.

### **Training and development**

The review of personnel files reflected that the majority of the staff team had completed mandatory training in child protection, first aid, fire safety and physical restraint. The manager stated that a new staff member and an existing staff member had been scheduled to complete core training. The manager is required to provide confirmation to the inspectorate that all mandatory training has been completed by the staff team. The manager provided the inspectorate with a development training programme containing a schedule for the renewal of core training and a record of completed additional training.

Since the last inspection additional training has been completed by most of the staff team in report writing, the model of care and the use of specific medical interventions. Some members of the staff team completed training in anti-bullying and youth mental health. The inspectors were informed that training in youth mental health for the staff team had been scheduled for May 2016. The last inspection report states that drug and alcohol misuse training was being sourced by the services manager. However, according to training records this has not taken place. The services manager must inform the inspectorate of the basis on which drug and alcohol misuse training has not been provided to the staff team. The inspectors found that both management and staff require additional training in implementing anti-bullying strategies. The manager must to provide an updated training schedule to the inspectorate that includes a schedule for the completion of youth mental health awareness, drug and alcohol misuse and anti-bullying training.

## **Administrative file**

The administrative records in the centre included personnel records, supervision of staff, fire safety, maintenance and repair documents, staff rotas and petty cash. The centre had other records necessary for management and day to day practice including the communication book, the centre's register, team meetings and registers for complaints and significant events. In general, records were signed by the manager, some were countersigned by the services manager, and documents were routinely signed and dated by the author to facilitate accountability.

The communication book contained practice information regarding household tasks and at times references information about the young people that would be better suited to the daily log. The inspectors recommend that the manager strengthens oversight of the communication book to ensure that it is used to purpose.

The last inspection report reflected that the inspectors had difficulty tracking incidents due to the bi-monthly archiving of incidents. At the time of the current inspection, the care file records for significant events, complaints and informal complaints, had been frequently archived. The system of archiving had not been conducive to management oversight and the inspectors had difficulty tracking and cross referencing information due to this system. The manager must review the archiving process to ensure that adequate structures are in place for manager and external manager to oversee the work of the centre.

The manager oversees the budget in the centre and is satisfied that it is adequate to meet the needs of the service users and includes sufficient funds to promote the activities and interests of the young people.

### **3.2.3 Practices that did not meet the required standard**

None identified.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children’s Residential Centres) Regulations 1996***  
***-Part III, Article 6, Paragraph 2, Change of Person in Charge***  
***-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***  
***-Part III, Article 16, Notification of Significant Events.***

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children’s Residential Centres) Regulations 1996***  
***-Part III, Article 5, Care Practices and Operational Policies***

### **Required Action**

- The services manager and manager must implement more robust systems to oversee that appropriate and suitable care practices and operational policies are in place and that these systems inform service development and improvement.
- The services manager must ensure that all vetting is completed for staff prior to the commencement of their employment.
- The manager must develop a written policy on supervision that structures and guides the practice of supervision at the centre.
- The manager must ensure that an effective link between supervision and the implementation of the individual placement plans is evident through the supervision records and that there is evidence of advancing the plan.
- The manager must ensure that records of grievances include management response and outcome for the staff member.
- The manager must provide confirmation to the inspectorate that all mandatory training has been completed by the staff team.
- The services manager must inform the inspectorate of the rationale for drug and alcohol misuse training not being provided to the staff team.
- The manager must provide an updated training schedule to the inspectorate that includes a schedule for the completion of youth mental health awareness, drug and alcohol misuse and anti-bullying training.
- The manager must review the archiving process to ensure that adequate structures are in place for manager and external manager to oversee the work of the centre.

### 3.3 Monitoring

#### ***Standard***

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

#### **3.3.1 Practices that met the required standard in full**

None identified.

#### **3.3.2 Practices that met the required standard in some respect only**

The Child and Family Agency monitoring service has a system in place for ongoing and formal review of significant event notifications by the designated monitor who confirmed this has regularly taken place. In the course of the last registration cycle, the centre was subject to one planned monitoring visit by the Child and Family Agency monitoring service in May 2015. The monitor met with the manager, deputy manager, some of the staff team and two young people who had been in residence at the centre to enquire about their welfare and happiness. The monitor subsequently completed and circulated a comprehensive report to the centre, the social work department and the inspectorate. The manager discussed regular and productive contact with the monitor following significant event notifications.

However, the Child and Family Agency monitoring service had not completed regular monitoring visits to the centre and thus annual written reports of the monitoring process have not been completed and made available to senior managers, centre staff and inspectors. The Child and Family Agency monitoring service must ensure that the centre is monitored by an authorised person on a regular basis to ensure compliance with regulations, standards and best practice, and an annual report of the monitoring process is developed and circulated.

#### **3.3.3 Practices that did not meet the required standard**

None identified.

#### **3.3.4 Regulation Based Requirements**

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

## Required Action

- The Child and Family Agency monitoring service must ensure that an authorised person monitors the centre on a regular basis to ensure compliance with regulations, standards and best practice and a report is made available on an annual basis to senior managers, centre staff and inspectors.

## 3.4 Children's Rights

### ***Standard***

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

### **3.4.1 Practices that met the required standard in full**

#### **Consultation**

Young people are provided with information about their rights during admission by the staff team and in written format in the young person's pack. The centre has a policy on consultation that values the voice of the young person and promotes their participation in decision making processes regarding their care. Young people at the centre had been supported to participate in statutory care plan meetings and the records reflect that the views of the young people had been considered as part of the decision making. The inspectors found that the policy on consultation had been implemented into practice by the staff team and young people had been regularly consulted through daily interactions, key work and individual work.

Young people's meetings are no longer in place as the staff team found that it was more beneficial to consult with young people through individual key working meetings. The examination of a sample of team meeting minutes demonstrated that consultation with young people had been routinely discussed and that feedback had been provided to the young people in a timely manner. The voice of the young person was represented in centre documents individual work records. The inspectors observed from the care file that young people are consulted about their goals for the placement at the outset and inspectors recommend that this is formally revisited with young people. The daily logs have a specific section for the voice of the young person that was not used regularly by the staff team. The inspectors recommend that the staff team reflect the voice of the young person in the daily logs.

A young person in placement had expressed concerns about personal safety in the context of bullying by other resident young people. The inspectors found that the staff had responded to the views of the young person through individual work, behaviour management strategies and increased supervision. However, the outcome of the strategies in place to safeguard the young person had not been effective and required actions are stated in the 'managing behaviour' section of this report.

The manager stated that an advocacy group for young people in care has visited the young people in residence. The inspectors recommend that this practice continues to take place for new and existing residents.

### **3.4.2 Practices that met the required standard in some respect only**

#### **Complaints**

The centre has a written policy detailing the process for young people and their families and the appeals process if dissatisfied with the outcome of a complaint concerning the service at the centre. The policy identifies the manager as complaints officer, the services manager as an independent facilitator and identifies professionals to be notified and that advocacy services are to be offered to young people as appropriate. The centre had a register for complaints and that reflected no formal complaints had been made by young people in placement. However, complaints of bullying had been managed under child safeguarding and protection systems. Complaints are part of the agenda for management meetings.

Records of informal complaints had been kept on the individual care files. These records had been archived regularly and a combined log had not been in place. Young people's files are transferred to the placing social work department for archiving on discharge. Based on the stated information, the inspectors had difficulty tracking potential themes in informal complaints by young people. The requirement for a system of recording informal complaints to monitor incidents has been previously identified by both the inspection and monitoring service. The manager must implement a combined log of informal complaints. The services manager and manager must monitor informal complaints to establish whether patterns or trends in issues emerging for young people can inform the provision of care and practice development. The manager is required to provide a timeframe of when this will be achieved to the inspectorate.

The inspectors had interviewed two young people in residence who had a good understanding of their right to complain and the process of making a complaint. The staff team interviewed had a good understanding of the complaints procedure. However, the review of the care file reflected that young people had made complaints about their placement suitability and staff practice that had been recorded as an informal complaint rather than processed through the complaints system. The manager must ensure that the staff team correctly implements the complaints policy into practice.

## **Access to information**

The centre has a written policy on young people's access to their written information that includes how a young person can request information from the social work department. The policy does not clearly address recording for over 18's and how over 18's can access their information. The manager must review the policy on access to information and include information for young people aged eighteen and over in the centre. The manager must ensure that information and the recording of and access to information is included in the young person's information pack.

Young people were informed about their right to access information through individual work. The manager stated that the staff team actively encourage young people to read their records including daily logs. However, the inspectors did not identify records of this taking place. The inspectors recommend that opportunities provided by the staff for young people to access their care files are logged on the care file to support oversight of this practice.

### **3.4.2 Practices that did not meet the required standard**

None identified.

### **3.4.4 Regulation Based Requirements**

The Child and Family Agency has/has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

## Required Action

- The manager must ensure that the staff team record the voice of the young person in the daily logs.
- The manager must ensure that the staff team correctly implements the complaints policy into practice.
- The manager must implement a combined log of informal complaints.
- The services manager and manager must monitor informal complaints to establish whether patterns or trends in issues emerging for young people can inform the provision of care and develop staff practice. The manager is required to provide a timeframe of when this will be achieved to the inspectorate.
- The manager must review the policy on access to information and include information for young people aged eighteen and over in the centre.
- The manager must ensure that information and the recording of and access to information is included in the young person's information pack.

### 3.5 Planning for Children and Young People

#### **Standard**

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

#### **3.5.1 Practices that met the required standard in full**

##### **Suitable placements and admissions**

The inspectors reviewed care files of four young people, two young people currently in placement, a young person who was out of placement and a young person who had recently been discharged from the service. The review of the care files demonstrated that admissions had taken place in line with the centres purpose and function.

The centre has a written policy and procedure document on the process from referrals to admission. The services manager receives referrals from the Child and Family Agency national placement team. The manager was satisfied that social workers had fulfilled their responsibility to provide adequate information about the young person in advance of the placement.

Pre-admission and impact risk assessments had been conducted by the manager, and overseen by the services manager, to determine the suitability of a placement and this is communicated to the social worker and staff team.

The inspectors gathered evidence that careful consideration of the suitability of admissions had been taken place at management meetings chaired by the services manager and attended by the manager.

The young person's transition to the centre had been structured by an individualised admission plan that had been recorded on the care file. The social workers interviewed reflected positively on the transition plans as flexible and needs led. The admission plans included day visits for the young person and their family and contact with staff and young people were provided with age appropriate written information describing all aspects of the centre.

The manager and social workers to the young people in placement had been satisfied that placements were suitable and delivered in line with the centres purpose and function.

### **Contact with families**

The manager regarded contact with families as intrinsic to the work of the centre and this approach had been reflected in staff interviews and review of the care files to a good standard. The level and nature of contact between the centre and families is structured by the care plan, social work guidance and the view of the young person. There was evidence that family visits to the centre is encouraged and can include day visits and overnights as appropriate. Young people at the centre had been supported in maintaining and rebuilding relationship with their family members by the staff team. A questionnaire completed by a young person's parent reflected positively on the level of communication from the centre.

A decision is in place that friends of young people are not permitted to enter the young people's apartments and the service manager stated this decision, based on previous experience, had been reached to support a safe and secure environment for all young people present.

#### ***Standard***

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

### **Supervision and visiting of young people**

Each young person's apartment has an open kitchen and dining area where professional visits to the centre take place. Young people interviewed had access to a private phone and had the contact number for their social worker. There was evidence to support that supervising social workers had visited the young people at regular intervals. Each care file has a section specific to professional contact that contains social work and other professional visits to the young person.

## **Discharges**

There centre has a policy on planned and unplanned discharges. The manager stated that, in the last three years, four planned and three unplanned discharges have taken place and have been in line with the organisations policy. The sample of discharges reviewed by the inspectors supports this statement and unplanned discharges have taken place due to incarceration and behaviour that could not be safely managed by the staff team. Following discharge an end of placement report is completed and this is used as a mechanism for tracking outcomes for young people. The inspectors recommend that the report is developed further to more clearly reflect the progress of the young person in placement.

### **3.5.5 Practices that met the required standard in some respect only**

#### **Statutory care planning and review**

The inspectors examined files for four young people and each had a statutory care plan pertaining to the placement in this centre. For three young people statutory care plan meetings had taken place in line with regulations. For one young person, the social worker stated that a care plan had taken place after six weeks. However, there was evidence on the care file that statutory care plan meeting had taken place eight months following admission. The Child and Family Agency principal social worker must ensure that statutory care plans take place in line with regulations and the care plan is provided to the centre.

Young people and their families had been invited to attend and participate in statutory care plan and statutory care plan review meetings. The care plan record reflected that the young person's views were considered as part of the decision making process. The meetings were attended by the manager and key members of the team and the centre routinely prepared reports to inform the decision making process. There was evidence to support that care plan decisions had been progressed by the staff team and young people had been supported to achieve goals through key working, individual work and mentoring.

However, the statutory care plan for each young person in placement had not suitably addressed their aftercare needs and an aftercare plan was not in place as per the national policy for preparation for leaving care and aftercare. The Child and Family Agency Principal Social Worker must ensure that the aftercare needs of the young person are addressed through the care plan and aftercare plan.

For three young people, statutory care plan reviews had taken place to review the effectiveness of the care plan and evaluate the implementation of decisions. At the time of inspection the manager had been awaiting records of reviews that had recently taken place. For one young person, the repercussion of a significant delay in the statutory care plan was that a care plan review had not taken place in line with regulations. As stated the Child and Family Agency principal social worker must take action on this issue.

The implementation of the care plan by the centre is structured by the individualised placement plan that contained broad goals for the young person. The voice of the young person had been represented well through incorporating the young person's own goals and areas for development during the course of the placement. However, the inspectors found areas for development in the placement plan. The document lacked detail of required practice to achieve goals, timeframes for implementation/review and assignment of tasks to particular staff members recognising the role of the key worker and mentor. The prioritisation of tasks for completion remained unclear following interviews with the staff team and the review of a sample of placement plans. The inspectors found that progress of young people should be more clearly recorded on review of the placement plan. The inspectors recommended that these areas are developed by the manager and staff team to more robustly demonstrate how the work of the centre with young people is structured and to reflect how young people are progressing.

In general placement plans had been developed following a care plan meeting at the outset of the placement. The inspectors observed that placement plan was not developed in a timely manner due to the significant delay of a care plan meeting and, as stated, care planning must be addressed by the principal social worker of this area. There was evidence that the placement plan had been subject to regular review by the manager and care team.

### **Emotional and specialist support**

The manager and staff interviews reflected that emotional support for young people was realised through supportive daily interactions focused on relationship building. Staff interactions with young people had been informed by resilience and attachment theory. Key workers and, in particular, mentors had specific roles in providing emotional support and relationship building with young people. Key workers and mentors had a good knowledge of the young person's social history, current circumstances and challenges in their daily lives. In general, the young people interviewed spoke positively about the accessibility and support of the staff team.

The mentor logs demonstrated that staff and mentors link with the young person regularly, sometimes to address issues and other times providing company and support. The mentors focus on building young person's self esteem, confidence and support relationships and the mentor logs are completed to reflect this work. At times the mentor logs resembled the daily logs and guidance from the manager in is recommended to avoid duplication and ensure that suitable recording is taking place.

The inspectors found that the monthly reports and individual work records had been good documents demonstrating attention to the young person's emotional wellbeing and development. The manager stated that the young person's emotional well being is discussed regularly at the centre. However, the inspectors found that this had not been strongly reflected in key documents including the placement plan, team meeting records and the handover meeting. As such, it is recommended that young person's emotional wellbeing is reflected more robustly in centre documents.

Young people in the centre faced different and significant challenges to their emotional wellbeing including addiction and mental health difficulties. The staff team had established and good links to community and specialist services and prompt referrals to specialist services for young people had taken place in conjunction with the young person's social worker. There was evidence that the staff team had been good advocates for young people accessing these resources and had supported engagement.

However, a clear understanding of specialist assessments of young people's needs to inform care practice had not been reflected by the staff interviewed. Specialist assessment reports had been archived regularly and not maintained on the young person's main care file. The manager must ensure that the staff team review specialist assessment reports of young people in placement. The manager must ensure that specialist assessment reports are maintained on the young person's care file.

### **Preparation for leaving care**

The centre has a written policy on preparation for leaving care that is focused upon the young person achieving a successful transition to independent living. In line with the centre's purpose and function, work with young people around preparation for leaving care and the development of independent living skills takes place from admission. The provision of independent living skills support at the centre is informed by pre-admission information, a young person's needs assessment, staff observation and review. The inspectors recommend that the needs assessment is

revisited with young people as a method of evaluating progress and identifying and prioritising goals to be achieved during placement.

Young people lived in self contained apartments with a range of responsibilities including maintaining the apartment, budgeting, laundry, meal planning and cooking. The care files and staff interviews reflected that there was good oversight of how young people were managing their apartments in terms of budgeting, cooking and hygiene and the staff offered additional support as required.

Through interview with staff and young people it was clear that staff actively engaged with young people in independent living skills and preparation for leaving care in line with the statement of purpose and function. There was evidence that absences for some young people had impacted on their engagement with the programme. However, at the time of referral absences had not been problematic and admissions had taken place in line with the centres purpose and function.

The service developed an independent living skills programme booklet, on recommendation of the last inspection report, for the purpose of reflecting the work of the staff and progress of young people. However, management oversight had not addressed that the staff team had different approaches to the completion of this document and it was difficult to evaluate the ability of the young person and progress made. Given the services purpose and function, the manager must review the independent living skills programme and develop this document to evaluate and track progress and outcomes for young people in placement.

End of placement reports are completed for young people following discharge from the centre. The inspectors recommend that a further emphasis is placed on the young person's development of independent living skills and preparation for leaving care during the period of placement at the centre.

### **Aftercare**

The Child and Family Agency has a national aftercare document; '*National Policy and Procedure Document on Leaving and Aftercare Services (2011)*'. The service has a written policy on aftercare that places emphasis on the independent living skills programme delivered by the service and the inspectors found that this had been reflected in the day to day practice in the centre.

Each young person in placement had an allocated aftercare worker. For one young person an aftercare worker had participated in statutory care plan meetings from the young person's sixteenth birthday. However, the allocation of an aftercare worker

had not occurred until the young person reached eighteen years of age. The Child and Family Agency Principal Social Worker must ensure that young people are allocated an aftercare worker in line with the national policy on preparation for leaving care and aftercare services.

At the time of inspection, aftercare plans had not been developed for any of the young people in placement. The Child and Family Agency Principal Social Worker must ensure that young people have an aftercare plan and receive aftercare services in care in line with the national aftercare policy document.

The service can provide an outreach mentoring service to young people following discharge on request of the social work department. This programme is delivered by the young person's mentor with the purpose of supporting the young person's initial placement following discharge.

### **Children's case and care records**

Each young person has a care file in the centre that contained a copy of the birth certificate, the court order or copy of parental consent to the child being in care, medical information and records of administration of medication. Action to be taken in respect of the administration of medication is detailed in the health section of this report. The care files are durable and are stored securely on the premises for the duration of the placement and are returned to the social work department following discharge from the centre. Entries to the files viewed by inspectors had been respectful, non-discriminatory and strengths based.

The staff team completed monthly reports for young people that demonstrated the progress of young people in some areas such as independent living and absences on a month to month basis. The staff completed daily logs routinely and these records reflected a systematic account of daily activities of each young person. However, records developed by the staff team had varied in quality and the manager needs to strengthen oversight of centre records.

The manager stated that management had been cognisant that recording and report writing had been an area of development to be addressed with the staff team following inspection. The inspectors recommend that the manager undertakes an internal audit to oversee the standard of recording and to identify where greater cohesion between planning documents can take place. As stated in this report, the current system of archiving and the impact it has on oversight and access to records must be addressed by the manager.

Care files and records are returned to the placing social work department following a young person's discharge from the centre. This new policy is reflected in the centre register.

### **Social Work Role**

The inspectors interviewed the supervising social worker for each young person who held a placement at the centre. The social workers confirmed receipt of monthly reports from the centre, significant event notifications and were satisfied that good communication channels were in place for regularly updates on the progress of the young person. Young people in the centre had care plans relevant to their placement. Required actions for one Child and Family Agency social worker regarding the completion of statutory care plans in line with regulations have been stated in this report.

Some social workers had read care records relating to the young person. In the course of social worker interviews the inspectors advised particular social workers of the requirement to review the young person's care file from time to time in line with the standards.

There was an issue with bullying in the centre and this was not effectively addressed by the staff team. Incidents had been reported to the social work department as child welfare concerns. The review of the care file and a social work interview reflected that the social worker for the young person did not convene a meeting to consider anti bullying strategies and safety planning. The young person is no longer in placement at this centre. The Child and Family Agency Team Leader must inform the inspectorate of the action taken by the social work department in response to the notification of child welfare concerns.

The inspectors identified that there were two outstanding allegation made by a young person. The care file reflected that requests for an outcome had been made by the manager and not received. The young person had a newly allocated social worker and at the time of interview there was uncertainty about whether an outcome had been reached. The Child and Family Agency Social Worker must ensure that allegations made by young people are investigated and an outcome to the allegation is communicated to the manager and young person.

### **3.5.3 Practices that did not meet the required standard**

None identified.

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

*-Part V, Article 25 and 26, Care Plan Reviews*

*-Part IV, Article 24, Visitation by Authorised Persons*

*-Part IV, Article 22, Case Files.*

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

*-Part IV, Article 23, Paragraphs 1 and 2, Care Plans*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

*-Part III, Article 17, Records*

*-Part III, Article 9, Access Arrangements*

*-Part III, Article 10, Health Care (Specialist service provision).*

### **Required Action**

- The Child and Family Agency principal social worker must ensure that statutory care plans take place in line with regulations.
- The Child and Family Agency principal social worker must ensure that the aftercare planning needs of the young person are addressed through the care plan and aftercare plan.
- The manager must ensure that placement plans are developed for each young person from the outset of the placement.
- The manager is required to develop the placement plan document to provide further detail on the implementation of actions to achieve goals, the assignment of tasks, timeframes and to clearly reflect progress by young people.
- The manager must ensure that specialist assessment reports are maintained on the young person's care file and reviewed by the staff team.
- The manager must review the independent living skills programme and develop this document to evaluate and track progress and outcomes for young people in placement.

- The Child and Family Agency social work team leader must inform the inspectorate of the action taken by the social work department in response to the notification of child welfare concerns.
- The Child and Family Agency social work team leader must ensure that allegations made by young people are investigated and an outcome to the allegation is communicated to the manager and young person
- The Child and Family Agency Principal Social Worker must ensure that young people are allocated an aftercare worker in line with the national policy on preparation for leaving care and aftercare services.
- The Child and Family Agency Principal Social Worker must ensure that young people have an aftercare plan and receive aftercare services in care in line with the national aftercare policy document.

## 3.6 Care of Young People

### ***Standard***

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

### **3.6.1 Practices that met the required standard in full**

#### **Individual care in group living**

The focus of the service is on individual living, and preparing the young person for independent living in the community. Each young person has their own independent apartment and there are limited opportunities for group living. Key workers, mentors and the staff team have regular contact with the young person and the level of support provided is reviewed regularly and tailored to the individual. The management and staff were observed to have positive and respectful interactions with the young people.

The staff team cared for young people in a manner that respected their individuality. Young people made choices with regard to their style of hair, clothing and had decorated their apartments. Each young person's mentor had a particular role in supporting the young person's hobbies and interests. Young people were consulted about their weekly activity with their mentor. Special occasions, including birthdays and holidays, are celebrated with the young people at the centre.

Where young people required encouragement and reminding to attend to their personal hygiene, this was managed in a sensitive manner by the staff team. In interview, a social worker had reflected that a young person in placement had made some progress in this area with the support of the staff team.

#### **Provision of food and cooking facilities**

Each apartment was equipped with food preparation, storage and cooking facilities. Young people have responsibility for budgeting, meal planning and cooking. The progress of young person's skills in these areas is monitored to inform the level of support provided to young people. The independent living skills programme has a

section specific to food management to track the young person's development of skills in this area. The hygiene of the young person's apartment is formally monitored through routine weekly apartment checks and incentives are available to young people to maintain their apartment.

The manager stated that food hygiene is completed with young people. The inspectors recommend that this is included in the tracking of the young person's food management skills as part of the independent living skills programme.

### **Race, culture, religion, gender and disability**

The centre has a written policy on race, culture, religion, gender and disability that identifies the service is anti-discriminatory, embraces diversity and encourages young people in their care to have the freedom to express their individuality and enjoy the same opportunities as their peers. The inspectors gathered evidence that the young person's religious and culture needs are considered as part of the admission process. There was good practice in place where young people had been encouraged to engage with services to support their sense of identity and culture. The care files reflected that the service supported young people to re-establish, build and maintain family contact.

### **Restraint**

The staff team has completed training and required refresher training in a method of physical restraint that has been researched and is based on reputable practice. The centre has a written policy on restraint that defines the responsibility of the staff members to use this model of restraint, as a final resort, in safeguarding a young person and others. Restraint has not been used in this centre in the last twelve months. The services manager and manager stated that restraint, while considered as part of their duty of care, is not used in the centre and there is a strong emphasis on de-escalation. In the event of a restraint taken place the centre have a physical intervention report form that would be circulated through the significant event system.

### **Absence without authority**

The centre has a written policy on absence without authority that is informed by current national protocol for children missing from care; 'Children Missing from Care: A Joint Protocol between An Garda Síochana and the Health Service Executive Children and Family Services' (2012). Each care file contained individualised

absence management plans developed by the staff team for young people in residence. These documents structured how the team managed absences and these plans were updated when the young person reached 18yrs to reflect the use of the missing person's protocol. The sample of missing child from care notifications examined by inspectors contained required and up to date information. The allocated social worker's and the monitoring officer interviewed had been satisfied that absences had been suitably managed by the centre and confirmed the receipt of prompt notification in this respect.

In instances where the level of absences met the thresholds stated in the missing child in care protocol, management prevention strategy meetings had taken place and were attended by management. For one young person the level of absences had impacted on the centre's capacity to deliver care in line with the purpose and function. There was evidence that meetings had taken place with the centre management and staff, the social worker and relevant professionals to discuss absences and the suitability of the placement. The young person had been subsequently discharged in line with the discharge policy and this related to anti-social behaviour in the community.

The social worker for another young person stated that a significant decrease in the level of absences had taken place for a young person since the outset of the placement and this was reflected in the care file review.

### **3.6.2 Practices that met the required standard in some respect only**

#### **Managing behaviour**

There is a written policy on managing behaviour that frames the staff team's response to challenging behaviour and young people misusing substances. The policy includes guidance on the use of sanctions and An Garda Síochana. Young people learn about the behaviour expected of them through the residency agreement, the young person's booklet and information and responses from the staff team. The residency agreement contains information about the warning system and the potential for discharge in response to particular behaviours.

The approach of the staff team to managing behaviour had been informed by the centre's policies and procedures, training, experience and knowledge of the young person. Risk assessments had taken place from pre-admission information in conjunction with the social worker and during the placement to guide the practice of the staff team. The inspectors found evidence of the use of natural consequences and

post incident support to promote exploration of alternative behaviours and the development of positive coping mechanisms for young people. Sanctions had been implemented by the staff team in response to property damage and non-adherence to house rules. Sanctions were reasonable to the behaviour and recorded on the care file and the sanction log. The effectiveness of sanctions had been reviewed as part of the team meeting and handover meetings.

The management of challenging behaviour in the centre had been framed by individual crisis management plans and a sample was examined by inspectors. The plans contained information about the young person's behaviour and a list of responses to be used by the staff team. However, the document lacked clarity with regard to what staff intervention should take place at particular points for escalation for the young person. The manager must ensure that individual crisis management plans capture a young person's behaviour at each stage of crisis and contain the corresponding and expected response of staff team to promote de-escalation of the young person's behaviour.

The review of the care files and significant events reflected that a pattern of bullying among the young people in residence had emerged that included instances of physical aggression, intimidation and property theft. Incidents of bullying had been substantially processed through the centres safeguarding and child protection policies and had been notified to the social work department through standard reporting forms and had notified relevant professions.

There was evidence that the staff team responded to individual incidents between young people and strategies had been put in place in including individual work, increased supervision, sanctions and safety strategies. There was evidence that the services manager and manager met with young people engaging in this behaviour and had initiated the warning system in response to serious incidents.

There was evidence of inconsistency in approaches to young people experiencing bullying within the staff team. The care file records reflected that differing levels of accountability and responsibility had been put to the young person. The manager must ensure that there is a consistent approach delivered by the staff team in response to bullying behaviour in the centre. The interventions employed by the staff team had not been effective in resolving this behaviour and this impacted on the wellbeing of a young person in placement.

The monitoring officer had recommended the establishment of a significant event review group to review the effectiveness of behaviour management strategies. The significant event review groups referenced in the care files had been management prevention strategy meetings as per the national missing child in care protocol. While the manager and services manager are informed of and review the significant events for the young people, a formal system to analyse patterns of behaviour and effectiveness of behaviour management strategies had not been in place. The inspectors require that the services manager and manager implement a system for the formal and regular review of significant events to inform practice development and service improvement.

There is a statement on the centre's approach to bullying in the safeguarding and child protection section of the policy and procedures document. The inspectors recommend that the centre develops the procedure further with regard to staff intervention based on best practice, experience and learning of what strategies had been effective to inform the management of peer relationships and group dynamics. The suitability of placements for young people engaging in peer bullying behaviour should be considered as part of this policy.

### **3.6.3 Practices that did not meet the required standard**

None identified.

### **3.6.4 Regulation Based Requirements**

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

*-Part III, Article 11, Religion*

*-Part III, Article 12, Provision of Food*

*-Part III, Article 16, Notifications of Physical Restraint as Significant Event.*

### **Required Action**

- The manager must ensure that individual crisis management plans capture a young person's behaviour at each stage of crisis and contain the corresponding and expected response of staff team to promote de-escalation of the young person's behaviour.
- The manager must ensure that there is a consistent approach delivered by the staff team in response to bullying behaviour in the centre.

- The services manager and manager must implement a system for the formal and regular review of significant events to inform practice development and service improvement.

### 3.7 Safeguarding and Child Protection

#### **Standard**

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

#### **3.7.1 Practices that met the required standard**

##### **Child protection**

The centre has a written policy and procedures document on child protection and the staff team were trained in child protection. The services manager is the designated child protection officer for the service. There was evidence on file that where there were child protection and welfare concerns known to the staff team these were communicated to the social worker through the standard reporting form. The inspectors observed a record on file whereby the manager had written to the social work department to request a response to the respective concern. As stated in this report, the inspectors have identified that a social worker must ensure that allegations by young people are investigated and the outcome is communicated to the young person and the centre.

#### **Standard**

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

#### **3.7.2 Practices that met the required standard in some respect only**

##### **Safeguarding**

The centre has a written policy on safeguarding and child protection. The policy reflects the management of allegations, disclosures and whistle blowing. There is a range of safeguarding policies and procedures in the wider document including the admissions policy, lone working policy, recruitment and consultation. The inspectors recommend that the policy is amended to reference the centre policies that contribute to a safe environment for the young people in residence.

The centre had good practical safeguarding measures in place including gated access to the centre, alarms on external and internal doors and CCTV. Waking night staff continued to be in place and these shifts are completed by a consistent group of staff

and this supports knowledge of and relationships with young people. The centre has a lone working policy that the staff had stated was part of daily practice. There was evidence in supervision files that staff had brought forward issues or concerns with other staff members that may impact on practice with young people.

The centre has an apartment curfew where young people are not permitted to access each other's apartment. As stated previously, there is also a rule in place where friends are not permitted into the young person's apartment. The inspectors found that the staff had been able to intervene on many occasions where young people made efforts to bring others into their apartment. However, there were occasions where non-resident young people had accessed the premises without the knowledge of the staff team and incidents have taken place where residents and non-residents have stayed in apartments together overnight. The manager stated that the staff team had reviewed incidents and made developments to the centre security in response.

An incident reviewed by inspectors identified that a staff member had not taken appropriate action to supervise and ensure the safety of young people at the centre or to communicate the incident to the on call manager for assistance. The staff practice issue had not been addressed by the manager or services manager. The manager must ensure that staff practice issues that impact on the safety and wellbeing of young people are addressed formally. As stated in this report, a significant event review group is required to review incidents and to inform staff practice.

### **3.7.3 Practices that did not meet the required standard**

None identified.

#### **Required Action**

- The manager must ensure that staff practice issues that impact on the safety and wellbeing of young people are addressed formally.

## **3.8 Education**

### ***Standard***

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

#### **3.8.1 Practices that met the required standard in full**

The manager was satisfied that there was a variety of education, training and work placements available to the young people locally. There was evidence that the management and staff were strong advocates assisting young people to stay or re-engage in education. The care files reflected that the staff had regular contact with schools and education centres and advocated for young people as required.

The young people in residence had been consulted about their education and were attending education or training in line with their individual needs and to support their future education and employment prospects.

The inspectors found that, for one young person, due to the absence of aftercare planning certainty had not been reached as to where the education course would be completed. The inspectors found that the educational needs for young people post placement had not been adequately planned for through preparation for leaving care and aftercare plans.

#### **3.8.2 Practices that met the required standard in some respect only**

None identified.

#### **3.8.3 Practices that did not meet the required standard**

None identified.

## 3.9 Health

### **Standard**

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

#### **3.9.1 Practices that met the required standard in full**

None identified.

#### **3.9.2 Practices that met the required standard in some respect only**

The centre has a written policy on the provision of health care that includes the administration and handling of medicines. A section of the care file is dedicated to the health needs of the young person. The care files reviewed contained health information provided by the social worker and evidence that each young people had engaged in a medical with the centre's registered GP during the pre-admission phase.

The care files demonstrated that staff had been proactive in linking young people with local services to promote their health and wellbeing. There was evidence that staff members facilitated further opportunities and provided encouragement when young people found it difficult to engage with services. The promotion of health and healthy living had been a part of the key and individual work that had taken place and included areas of general health, healthy eating, sexual health and development. The young people aged 16 years and over at the centre had responsibility for consent to medical treatment.

The health needs of the young person had been incorporated in planning for young people through the revised independent living skills programme in line with recommendations from the last inspection report. The staff had a clear approach to responding to young people who were vulnerable through use of alcohol and substances. As stated, the staff require further training and guidance to assist and education young people in understanding the health risks associated with drug and alcohol use.

The health section of the care file contains records of the administration of medication. The inspectors found that the time of dispensed medication had not been clearly recorded and entries had not been made for all the dates that medication was not taken in terms of refusal or absence from the centre. The manager must ensure that administration of medication records are completed correctly by the staff team.

### **3.9.3 Practices that did not meet the required standard**

None identified.

### **3.9.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

### **Required Action**

- The manager must ensure that administration of medication records are completed correctly by the staff team.

### **3.10 Premises and Safety**

#### ***Standard***

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

#### **3.10.1 Practices that met the required standard in full**

##### **Accommodation**

The centre is located in a large building comprising of five individual one bedroom apartments that includes staff accommodation. The centre is in an urban location where educational, medical, community and recreational facilities are well resourced and accessible. The self contained apartments are of a good standard and each young person has their own cooking, sleeping and bathroom facilities as well as a television and furniture. The young people interviewed by inspectors reflected positively on the semi-independent model and the living space. The service does not provide a communal area or a garden space. The manager submitted the schedule of insurance for this centre to the inspectorate that includes professional indemnity and employer and public liability.

##### **Maintenance and repairs**

The centre has a maintenance log containing items requiring attention, the individual attending the issue, date and description of action taken. The record reflects that general household maintenance issues and issues arising from fire safety checks had arisen and were attended to. Weekly checks had routinely taken place to review the condition of the apartment and to identify necessary maintenance and repairs. The records reviewed by inspectors broadly indicated that maintenance and repairs took place in a timely manner. It is recommended that the record of the issue arising is more clearly recorded in the maintenance log.

##### **Safety**

There is a health and safety statement that has recently been updated and states the responsibility of the manager and staff team to adhere to the guidelines of the document. The statement is reviewed on a minimum interval of six months by the designated health and safety officer who is a member of the staff team.

Each member of staff is trained in first aid techniques. Medicines had been safely stored in secure cabinets to which young people do not have access. The manager provided documentation to confirm that the vehicle used to transport young people had been road worthy and had met insurance and tax requirements.

## **Fire Safety**

The centre has an up to date policy on fire safety within the centres health and safety statement. There is a system in place for the staff team to check the fire alarm systems in the young person's apartment on a weekly basis and this was observed to take place during the onsite inspection.

The manager submitted confirmation from a certified architect that all statutory requirements relating to fire safety and building control have been complied with. The majority of the staff team have received training in fire prevention and evacuation. Staff and young people participated in regular fire drills and the centre had good systems in place for maintaining records. The young person's apartments had been equipped with fire safety equipment. There was evidence that the manager responded to recommendations from fire officers with regards to the replacement of fire safety equipment. Staff members are required to complete fire training every two years. The manager has a schedule in place for updating fire safety training.

### **3.10.2 Practices that met the required standard in some respect only**

None identified.

### **3.10.3 Practices that did not meet the required standard**

None identified.

### **3.10.4 Regulation Based Requirements**

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*

*-Part III, Article 8, Accommodation*

*-Part III, Article 9, Access Arrangements (Privacy)*

*-Part III, Article 15, Insurance*

*-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)*

*-Part III, Article 13, Fire Precautions.*

## 4. Action Plan

Standard	Required Action	Response	Inspectors Commentary
<p><b>3.2</b></p>	<p>The services manager and manager must implement more robust systems to oversee that appropriate and suitable care practices and operational policies are in place and that these systems inform service development and improvement.</p> <p>The services manager must ensure that all vetting is completed for staff prior to the commencement of their employment.</p>	<p>The services manager and manager will, on a monthly basis, review care practices and feedback will be recorded and brought to staff meetings for evaluation. The service manager will oversee operational policies and ensure proper monitoring regarding service development and improvement. This will also be recorded in monthly management meetings, to include services manager, manager and deputy manager.</p> <p>All new staff members will be appropriately vetted in line with the new e-vetting protocols prior to commencement of employment. Records of Garda vetting and dates of inception of</p>	<p>Inspectors are satisfied that the full implementation of this response, in conjunction with related responses in this report, will to satisfy the requirement of the regulations governing the appropriateness and suitability of care practices and operational policies.</p> <p>Inspectors are satisfied with the action taken by the management to address this issue.</p>

	<p>Management must develop a written policy on supervision that structures and guides the practice of supervision at the centre.</p> <p>The manager must ensure that an effective link between supervision and the implementation of the individual placement plans is evident through the supervision records and that there is evidence of advancing the plan.</p> <p>The manager must ensure that records of staff grievances include management response and outcome for the staff member.</p>	<p>employment in the centre will be retained in personnel files.</p> <p>Management have developed a written policy on supervision and this will be incorporated into our Policies and Procedures Document. Management have also improved our supervision recording template.</p> <p>The centre's supervision recording template has been changed and has now got a section specifically dealing with the Young Person's placement plan and independent living skills programme. The supervision records will provide evidence of goals/advancement of the placement plan.</p> <p>Any staff grievances recorded in supervision will be followed-up on in supervision and a record of the outcome will be recorded. If this outcome is not satisfactory, mediation will be explored. Every staff member has the right to take</p>	<p>Management provided a copy of the supervision policy to the registration and inspection service. The inspectors are satisfied with the action taken by the management to address this issue.</p> <p>Management provided the new supervision template to the registration and inspection service. The inspectors are satisfied with the response of the management to address this issue.</p> <p>The inspectors are satisfied by the response taken by the management to address this issue.</p>
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	<p>The manager is required to provide confirmation to the inspectorate that all mandatory training has been completed by the staff team.</p> <p>The services manager must inform the inspectorate of the basis on which drug and alcohol misuse training has not been provided to the staff team.</p>	<p>their grievance through the complaints procedure if not satisfied with the outcome of how a grievance has been addressed.</p> <p>Our training record template will be forwarded to registration and inspection. All staff members in the centre currently have mandatory training except for first aid training. Four staff members have completed a three day first aid training on 25<sup>th</sup>-27<sup>th</sup> July 2016.</p> <p>A staff member who had previously completed a Diploma in Addiction Studies Level 8, compiled a Substance Misuse Information Pack in January 2015. This was and is available to all staff members. However, it is recognised that a more extensive drug training was needed. Following on from the inspection process this Drug and Alcohol Training has been scheduled for July 21<sup>st</sup> 2016 for the entire staff team to complete.</p>	<p>The training record was received by the registration and inspection service. The inspectors are satisfied by the action taken by the management to address this issue.</p> <p>The inspectors are satisfied by the action taken by the management to address this issue.</p>
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	<p>The manager is required to provide an updated training schedule to the inspectorate that includes a schedule for the completion of youth mental health awareness, drug and alcohol misuse and anti-bullying training.</p> <p>The manager must review the archiving process to ensure that adequate structures are in place for manager and external manager to oversee the work of the centre.</p>	<p>A number of staff members in the centre have completed anti-bullying training, drug &amp; alcohol awareness training and youth mental health training and this is recorded in the training template.</p> <p>The archiving process has been reviewed and the Young Person's files will now have the current month and the previous 3 months' information retained. All our archived files remain on-site until the Young Person is discharged from our service at which point all hard copies are returned to the Young Person's Social Worker. These changes will be reflected in our Policies and Procedures document.</p>	<p>The centre management submitted a training schedule to the registration and inspection service. Management have confirmed that drug and alcohol awareness training has taken place. Inspectors are concerned that youth mental health and anti-bullying training should be provided to the staff team on a wider basis given the issues stated in this report.</p> <p>Inspectors are satisfied that the archiving process has been reviewed and recommends that a further review takes place by management at an appropriate interval after the new system is implemented.</p>
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<p><b>3.3</b></p>	<p>The Child and Family Agency monitoring service must ensure that an authorised person monitors the centre on a regular basis to ensure compliance with regulations, standards and best practice and a report is made available on an annual basis to senior managers, centre staff and inspectors.</p>	<p>The Child and Family Agency chief inspector identified that the monitoring service has regular oversight and review of significant events that take place in the centre and communication with the manager. An annual monitoring visit will take place and a subsequent report will be circulated to relevant professionals.</p>	<p>Inspectors are satisfied with this response.</p>
<p><b>3.4</b></p>	<p>The manager must ensure that the staff team record the voice of the young person in the daily logs.</p>	<p>Centre management held a full staff meeting on 31<sup>st</sup> March 2016 and addressed issues from the verbal feedback of the Inspectors in this meeting. The minutes of this meeting were recorded and a guideline for staff duties on shift was drawn up. Recording in daily logs has improved and is being monitored by management.</p>	<p>Inspectors are satisfied with the action taken by the management to address this issue.</p>

	<p>The manager must ensure that the staff team correctly implements the complaints policy into practice.</p> <p>The manager must implement a combined log of informal complaints for young people in the centre.</p> <p>The services manager and manager must monitor informal complaints to establish whether patterns or trends in issues emerging for young people can inform the provision of care and develop staff practice.</p>	<p>This will be monitored by management to ensure that any recorded complaints in daily logs will be recorded in either the informal complaints log or formal complaints register where applicable.</p> <p>The centre did have individual informal complaints logs for the young people in our care, we have now compiled a combined log for informal complaints.</p> <p>There is a section in the new informal complaints log concerning evaluation of the number, type and frequency of complaints and this will be reviewed by the manager and services manager and signed and dated by both on a monthly basis. The evaluation will inform whether action is required in regard to practice or any other area of the service that has given rise to frequent complaints.</p>	<p>Inspectors are satisfied with the action taken by the management to address this issue.</p> <p>Inspectors are satisfied with the action taken by the management to address this issue.</p> <p>Inspectors are satisfied with the action taken by the management to address this issue.</p>
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<b>3.5</b>	<p>The Child and Family Agency principal social worker must ensure that statutory care plans take place in line with regulations.</p>	<p>The Child and Family Agency principal social work stated that a care plan review had taken place in line with regulations and while there is no record stating it was circulated to the centre it is standard practice to do so.</p>	<p>The Child and Family Agency principal social worker is to ensure that a copy of the statutory care plan is (re)issued to the centre. On completion, inspectors are satisfied that this action will suitably address the issue.</p>

	<p>The manager must ensure that placement plans are developed for each young person from the outset of the placement.</p> <p>The manager is required to develop the placement plan document to provide further detail on the implementation of actions to achieve goals, the assignment of tasks, timeframes and to clearly reflect progress by young people.</p> <p>The manager must ensure that specialist assessment reports are maintained on the young person’s care file and reviewed by the staff team.</p> <p>The Child and Family Agency social work team leader must inform the inspectorate of the action taken by the social work department in response to the notification of child welfare concerns.</p>	<p>Placement Plans will be developed for each young person from the outset of their placements in consultation with the young person and his/her social worker.</p> <p>Management in the centre have amended our placement plan and this has been submitted to the registration and inspection service.</p> <p>Centre management responded that specialist assessment reports will be placed and remain on the young person’s main file and reviewed by the staff team.</p> <p>The Child and Family social work team leader was satisfied that the social worker had oversight of the particular difficulties experienced by the young person in the unit. The social worker had been in communication with the centre regarding approaches to support the young person.</p>	<p>Inspectors are satisfied with the action taken by the management to address this issue.</p> <p>Inspectors are satisfied with the action taken by the management to address this issue.</p> <p>Inspectors are satisfied that the action taken by the centre management to address this issue.</p> <p>Inspectors are satisfied with this response.</p>
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	<p>The Child and Family Agency social work team leader must ensure that allegations made by young people are investigated and an outcome to the allegation is communicated to the manager and young person</p> <p>The Child and Family Agency Principal Social Worker must ensure that young people are allocated an aftercare worker in line with the national policy on preparation for leaving care and aftercare services.</p>	<p>The young person was encouraged by the social worker and staff team to engage in services to address issues that had given rise to negative peer interactions. A safety plan had been developed by the centre however there was limited engagement from the young person that impacted on it's effectiveness.</p> <p>The Child and Family Agency principal social worker to this area that an outcome had been reached to the allegation.</p> <p>The Child and Family Agency social work team leader confirmed that the young person had been allocated an aftercare worker. The aftercare worker provided support to the young person via the staff team due to lack of engagement.</p>	<p>The inspectors are satisfied that this action has been addressed when the outcome to the allegation is communicated to the manager and young person.</p> <p>Inspectors are satisfied that an aftercare worker has been assigned to the young person and recommends that systems are reviewed to ensure that young people are allocated an aftercare worker in line with national policy.</p>
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	<p>The Child and Family Agency Principal Social Worker must ensure that young people have an aftercare plan and receive aftercare services in care in line with the national aftercare policy document.</p>	<p>This required action pertained to two young people from different social work areas.</p> <ol style="list-style-type: none"> <li>1) The Child and Family Agency principal social worker submitted an aftercare plan for the young person in question.</li> <li>2) The Child and Family Agency social work team leader identified that an aftercare worker has been assigned and has made efforts to engage with the young person to develop an aftercare plan. In the absence of the young person's engagement an aftercare plan was developed in consultation with the centre.</li> </ol>	<ol style="list-style-type: none"> <li>1) The inspectors are satisfied that the action by the principal social worker responds to this issue. It is recommended that the aftercare plan is regularly reviewed in line with the needs of the young person.</li> <li>2) The inspectors are satisfied with this response. It is recommended that systems are reviewed to ensure that aftercare workers are both assigned and an aftercare plan is developed in line with national policy.</li> </ol>
<p><b>3.6</b></p>	<p>The manager must ensure that individual crisis management plans capture a young person's behaviour at each stage of crisis and contain the corresponding and expected response of</p>	<p>Centre management have amended our centre's individual crisis management plan template and a copy of same will be included in our Policies and Procedures. This new template outlines the stage of</p>	<p>Inspectors are satisfied with the action taken by the management to address this issue.</p>

	<p>staff team to promote de-escalation of the young person's behaviour.</p> <p>The manager must ensure that there is a consistent approach delivered by the staff team in response to bullying behaviour in the centre.</p> <p>The services manager and manager must implement a system for the formal and regular review of significant events to inform practice development and service improvement.</p>	<p>crisis and contains the corresponding and expected response of staff team to promote de-escalation of the young person's behaviour, as recommended by the Inspectors.</p> <p>Centre management have written-up an Anti-Bullying Policy for our centre which will be included in our Policies &amp; Procedures. This new policy will assist in the delivery of a consistent approach in response to any incidents of bullying behaviour.</p> <p>The management team in the centre have compiled a list of all significant event notifications in the centre over the last 12 months. A new template will be devised for the purpose of monitoring and reviewing significant events over a monthly basis. These templates will be printed off monthly, a hard copy retained in a folder and brought to management meetings for review. They will be signed by the manager and services manager.</p>	<p>Inspectors are satisfied with the action taken by the management to address this issue.</p> <p>Inspectors are satisfied with the action taken by the management to address this issue.</p>
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<p><b>3.7</b></p>	<p>The manager must ensure that staff practice issues that impact on the safety and wellbeing of young people are addressed formally.</p>	<p>Issues involving staff members that impact negatively on the safety and wellbeing of Young people in our care will be formally addressed through supervision. Any issues that require the instigation of disciplinary procedures will be dealt with by the services manager and manager, recorded and retained in the appropriate personnel file.</p>	<p>Inspectors are satisfied with the action taken by the management to address this issue.</p>
<p><b>3.9</b></p>	<p>The manager must ensure that administration of medication records are completed correctly by the staff team.</p>	<p>Records of administration of medication will be monitored and signed by the management team in the centre.</p>	<p>Inspectors are satisfied with the action taken by the management to address this issue.</p>